



Indiana's Transition Initiative for Young Children and Families

Section I: Background on Transition Experience

1. Parents, please write your county of residence here: _____
2. Please check one box on the left to indicate the service setting your child moved away from in the past 12 months, and please check one box on the right to indicate which service setting your child moved into in the past 12 months.

Setting My Child Moved From (Check one)

Setting My Child Moved To (Check one)

<input type="checkbox"/>	Hospital	<input type="checkbox"/>
<input type="checkbox"/>	Home	<input type="checkbox"/>
<input type="checkbox"/>	Healthy Families	<input type="checkbox"/>
<input type="checkbox"/>	First Steps Early Intervention Services	<input type="checkbox"/>
<input type="checkbox"/>	Community child care	<input type="checkbox"/>
<input type="checkbox"/>	School System Early Childhood Special Education	<input type="checkbox"/>
<input type="checkbox"/>	Community Programs (three to five year olds)	<input type="checkbox"/>
<input type="checkbox"/>	Community based Pre School	<input type="checkbox"/>
<input type="checkbox"/>	Early Head Start	<input type="checkbox"/>
<input type="checkbox"/>	Head Start	<input type="checkbox"/>
<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>
<input type="checkbox"/>	Other: (Please write the program name)	<input type="checkbox"/>

3. Does your child currently receive any specialized services such as special education or therapy services at a clinic or at your home (please circle either yes or no)?

Yes	No
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Section II: Your Transition Experience

Please read the statement on the left and circle the answer on the right that most closely tells how you feel about that statement.

4. Planning for my child to move into the next service setting started early enough to avoid any disruption in services.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. I feel that all of the possible options for my child's next program were presented to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. All the necessary information about moving my child to the next service setting was fully explained to me.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. My rights under the current service system were explained to me and I feel I understand them.	Strongly Agree	Agree	Disagree	Strongly Disagree

8. I feel comfortable offering ideas and recommendations to my child's current service providers, individually or as part of a team.	Strongly Agree	Agree	Disagree	Strongly Disagree
9. I know how to advocate in ways that maintain positive working relationships and helps my child get the services he or she needs.	Strongly Agree	Agree	Disagree	Strongly Disagree
10. Planning for my child's transition required more than one meeting.	Strongly Agree	Agree	Disagree	Strongly Disagree
11. My child moved into a service setting with children who are typically developing.	Strongly Agree	Agree	Disagree	Strongly Disagree
12. I feel my child's move to the next service setting was successful.	Strongly Agree	Agree	Disagree	Strongly Disagree
13. I participated fully in developing the transition plan for my child.	Strongly Agree	Agree	Disagree	Strongly Disagree
14. Overall, my child's transition experience was positive.	Strongly Agree	Agree	Disagree	Strongly Disagree

Section III: Additional Comments

Please write any comments you have in the space provided for each question below.

13. What was most helpful about your child's transition process?

14. What could have improved the transition process for you and your child?

15. Additional Comments:

Thank you !